

May 16, 2001

Our Reference: WA\_NM0161.90.R1

Robert T. Maruca, Director  
Medical Assistance Division  
State of New Mexico  
Human Services Department  
Post Office Box 2348  
Santa Fe, New Mexico 87504-2348

Dear Mr. Maruca:

I am please to inform you that your request to renew your Medicaid Home and Community-Based Services Waiver (HCBSW) No. 0161.90.R1 for individuals with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program provides an array of home and community-based services as an alternative to institutionalization in a hospital setting. This renewal has been assigned control number 0161.90.R1 which should be used in all future correspondence regarding the program.

Specifically, you submitted a request to provide case management, homemaker/personal care services, and private duty nursing.

Based upon the assurances and information that you provided, I approve the renewal request cited for a 5-year period effective July 1, 2000. The temporary extensions granted on this waiver are subsumed into the waiver renewal.

The approval is subject to your agreement to serve no more individuals than those indicated in your Factor "C" approved per capita expenditures estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the 5 years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	100	\$7,889
2	100	\$8,136
3	150	\$8,439
4	200	\$8,714
5	250	\$8,943

For your convenience, a copy of the approved renewal package is included with this correspondence. If you have any questions, please contact Cheryl Rupley of my staff at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.  
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations